



**VERMONT DEPARTMENT OF HEALTH
EMERGENCY MEDICAL SERVICES OFFICE
Post Office Box 70, 108 Cherry Street
Burlington, Vermont 05402-0070
1-800-244-0911 (in VT) or 1-802-863-7310**



PARAMEDIC CERTIFICATION APPLICATION

This form is to be used by all persons applying for Paramedic initial certification or recertification. **Please keep a copy of this application for your service's credentialing records.**

INSTRUCTIONS

Page 2:

In the top section of this page please provide your demographic and service affiliation information. To be eligible for Vermont EMS certification, you must have an affiliation with an EMS agency licensed at or above the Paramedic level or be affiliated with a medical facility that requires you to hold this level of EMS certification.

In the middle section of this page, please indicate whether this is your initial Paramedic certification or a recertification and write in your National Registry number.

If you are applying for recertification and need an extension because you have not yet received your new National Registry of EMTs certification, you must submit your application to the EMS office on or before your Vermont EMT-Paramedic certification expiration date, and it must include a copy of your completed NREMT renewal paperwork. Please forward a copy of your NREMT certification card as soon as you receive it.

The lower half of this page asks you to provide information about your occupation and additional skills that might be relevant in responding to disasters or other events where additional resources are needed. *Provision of this information is voluntary and does not automatically enlist you for service beyond operations you might normally carry out as part of your EMS agency.*

Page 3:

Please answer the seven questions and then print and sign your name. Please also fill in the application completion date and your date of birth.

Your Head of Service must attest with a signature that you are affiliated with the licensed agency indicated on this application. **The only person authorized to sign as your Head of Service is the person listed on your service's license application.**

Your District Medical Advisor must attest that you meet local medical control requirements and should be recertified.

Please include a photocopy of your NREMT card with this application.

PLEASE PRINT

STATUS: ☐ Initial Certification NREMT-P # _____
 ☐ Recertification ☐ Extension*

Request for Supplemental Information

Please list other relevant skills (clerical, counseling, heavy equipment operation, etc.):

Next of Kin or Emergency Contact Information

***** DO NOT WRITE BELOW THIS LINE ***** EMS OFFICE USE ONLY *****

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SIGNATURE PAGE

CANDIDATE: Please answer the following questions

NOTE: The Department of Health will not automatically disqualify applicants based solely upon their answers, but may request additional information. Contact the EMS Office if you are unsure how to answer these questions.

YES	NO	Are you currently illegally using drugs or have you only recently stopped illegally using drugs? {EMS Rule 11.1.6.1} If yes, please explain: _____
YES	NO	Have you ever been convicted of a crime(s) (misdemeanor or felony), or are you presently a defendant in a criminal proceeding? {EMS Rules 11.1.4} If yes, have you previously disclosed your crime conviction(s) to the VT EMS Office? YES NO If not disclosed, please explain: _____ If yes, please provide complete copies of documentation for each matter. _____
YES	NO	Have you ever had an action taken against any professional license or certification that you have held in Vermont or elsewhere? {EMS Rule 11.1.6.10} If yes, please explain: _____
YES	NO	Have you ever applied for and been denied a license or certification, or have you voluntarily surrendered or resigned a license or certification for any reason in Vermont or elsewhere? If yes, please explain: _____
NO	YES	Are you free of obligation to pay child support or in good standing with respect to or in full compliance with a plan to pay any and all child support ?{15 V.S.A. Section 795} If no, please explain: _____
NO	YES	Are you in good standing with respect to or in full compliance with a plan to pay any and all VT taxes due? {32 V.S.A. Section 3113} If no, please explain: _____
NO	YES	Are you free of obligation to pay unemployment compensation contributions or in good standing with respect to or in full compliance with a plan to pay any and all unemployment compensation contributions? {21 V.S.A. Section 1378} If no, please explain: _____

I attest the information contained in this certification application is true and accurate. Any intentional misrepresentation may be deemed by the Commissioner of Health to be in violation of Vermont law, and may subject my certification to conditions, suspension, revocation or denial. I further attest that I have read and understand all information regarding certification contained in this application. Alteration of this document does not relieve me of any duty described in the Department-approved version of this form.

Applicant's Name (PRINT) _____	Today's Date: _____
Applicant Signature _____	Your Birth Date: _____

HEAD OF SERVICE: In signing this application for Vermont EMS certification I attest that the applicant is affiliated with the service listed below and that I am signing **after the applicant has completed the application and I have reviewed the answers to the above questions.**

_____ Name of Vermont Licensed Service	_____ Head of Service (Please print)	_____ Service #
_____ Head of Service Signature	_____ Date	

DISTRICT MEDICAL ADVISOR: I attest that this applicant meets local medical control requirements and should be recertified at the certification level requested in this application.

_____ District Medical Advisor	_____ District Number	_____ Date
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